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ABSTRACT

The resource manual is designed to help teachers in Georgia provide quality education programs for trainable and severely mentally retarded children. State guidelines are presented for six major topics (sample subtopics in parentheses): definitions; eligibility criteria; due process (referral, individualized education program); program organization (delivery model, personnel, inservice); instructional program (direct service objectives, materials/equipment); and program evaluation. Among additional resources cited are professional associations and organizations and community resources. (CL)

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Volume I

Severely and Trainable Mentally Retarded

Resource Manuals For Program For Exceptional Children

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Office of Instructional Services
Division of Special Programs
Program for Exceptional Children
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State Superintendent of Schools
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Resource Manuals for Program for Exceptional Children

Resource manuals in this series include the following.

Volume I ..... Severely and Trainable Mentally Retarded
Volume II ..... Educable Mentally Retarded
Volume III ..... Behavior Disorders
Volume IV ..... Specific Learning Disabilities
Volume V ..... Visually Impaired
Volume VI ..... Hospital/Home Instruction
Volume VII ..... Speech and Language Impaired
Volume VIII ..... Physically and Multiply Handicapped/System Occupational and Physical Therapists
Volume IX ..... Hearing Impaired
Volume X ..... Gifted
Volume XI ..... Deaf/Blind

Foreword

Georgia is committed to the belief that every exceptional child has a right to receive an education based on his or her individual needs.

The need for developing standards and guidelines for comprehensive programs for exceptional children in our schools has emerged from state and federal legislation. The three major laws affecting the education of exceptional children in Georgia follow.

Adequate Program for Education in Georgia Act (APEG)
Section 32-606a, Special Education

"All children and youth who are eligible for the general education program, preschool education, or who have special educational needs and three and four year old children who are either physically, mentally or emotionally handicapped or perceptually or linguistically deficient shall also be eligible for special education services. Children, ages 0-5 years, whose handicap is so severe as to necessitate early education intervention may be eligible for special education services."

Effective date: July 1, 1977

P.L. 94-142, Education for All Handicapped Children Act of 1975

The full services goal in Georgia for implementation of P.L. 94-142 states:

"All handicapped children ages 5-18 will have available to them on or before September 1, 1978, a free appropriate education. Ages 3-4 and 19-21 will be provided services by September 1, 1980, and 0-2 by September 1, 1982, if funds are available.

Effective date: September 1, 1978

Section 504 of P.L. 93-112, The Vocational Rehabilitation Act of 1973

"No otherwise qualified handicapped individual shall solely by the reason of his/her handicap be excluded from the participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."

Effective date: June 1, 1977

The purpose of the *Resource Manuals for Programs for Exceptional Children* is to help local education agencies implement these laws and provide quality programs for exceptional children.

Acknowledgments

This publication could not have been developed without the cooperative efforts of many individuals throughout Georgia. The resource manual committee contributed many hours of work and valuable expertise. Special appreciation is expressed to the following persons.

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Introduction

A teacher of trainable or severely mentally retarded students must make many responsible decisions in order to provide quality individualized programming.

- What curriculum will I use?
- How will I place students in that curriculum?
- How will I assess students' ongoing progress? How often will I make the assessment? What decisions will I make as a result of that assessment? How will it affect the placement of the students in the curriculum?
- How can I be sure that students maintain the skills they learn?
- Will I teach students in groups or individually?
- What will the other students be doing when I am teaching some students in groups?.
- How will I use my aide? How will I train him or her? In what skills?
- If I use volunteers to instruct in my classroom, how will I train them? In what skills will I train them?
- Do I plan to use parents for instruction? How will I use them? How will I train them?

The information provided within this resource manual will help teachers make some of the decisions that will provide quality education programs for trainable and severely mentally retarded students.

Table of Contents

FOREWORD iii

INTRODUCTION v

I. DEFINITIONS

Trainable Mentally Retarded 2
Severely Mentally Retarded 2

II. ELIGIBILITY CRITERIA

Trainable Mentally Retarded 4
Severely Mentally Retarded 4

III. DUE PROCESS

Introduction 6
Screening 7
Referral 7
Comprehensive Evaluation 7
Individualized Education Program (IEP) 10
Placement 12
Confidentiality 12
Exit Criteria 12

IV. PROGRAM ORGANIZATION

Delivery Model 16
Personnel 16
In-service 20
Facilities 21

V. INSTRUCTIONAL PROGRAM

Direct Service Objectives 24
Professional Resources 26
Materials/Equipment 31
Related Services 34

VI. PROGRAM EVALUATION 36

VII. ADDITIONAL RESOURCES

Professional Associations and Organizations 42
Community Resources 43
Georgia Learning Resources System 43
Centers for Severely Emotionally Disturbed 44

VIII. APPENDICES

Georgia Learning Resources System 46
Colleges/Universities 48

Chapter I
Definitions

Mental retardation refers to significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior manifested during the developmental period. Significantly, subaverage refers to performance which is more than two standard deviations below the mean of the tests used. (*Program for Exceptional Children, Regulations and Procedures*, 1978, page 22).

Trainable Mentally Retarded

A trainable mentally retarded child will usually have an intellectual ability of approximately one third to one half that of the average child of a comparable chronological age. This child may be expected to benefit from a program designed to further socio-economic usefulness in the home or in the sheltered environment or residential setting. The TMR individual has the potential for personal, social and emotional growth leading to productive living under supervision or within a sheltered environment (Regulations and Procedures, page 23).

Severely Mentally Retarded

A severely mentally retarded child will usually have an intellectual ability approximately two-thirds below that of an average child of a comparable chronological age. This child may be expected to benefit from a program designed to further basic skill development in the following areas—self-help, motor, social and communication, cognitive and vocational.

The severely mentally retarded child has the potential for personal, social and emotional growth leading to maintenance of the above basic skill areas in a supervised environment. Continuous evaluation and monitoring of performance through task analysis and individualized programming will be necessary to verify student progress (Regulations and Procedures, page 24).

Chapter II
Eligibility Criteria

Trainable Mentally Retarded

For a child to be eligible for placement into a program for the trainable mentally retarded, performance on the individually administered psychological examination must lie more than three standard deviations below the mean on the tests used. Arbitrary restrictive criteria, including incontinence and immobility, shall not be required.

The determination to place any child into a special education program must not be made exclusively or principally upon results of tests administered during evaluation. All pertinent data on each child should be reviewed by the entire committee. Cognitive and adaptive behavior criteria shall be considered (Regulations and Procedures, page 23). Ultimate placement considerations should include the determination of total classroom makeup relative to the physical management needs, social interaction needs and individualized instructional needs of the children.

Severely Mentally Retarded

For a child to be eligible for placement into a program for the severely mentally retarded, performance on the individually administered psychological examination must lie more than four standard deviations below the mean on the tests used. Arbitrary restrictive criteria, including incontinence and immobility, must not be required.

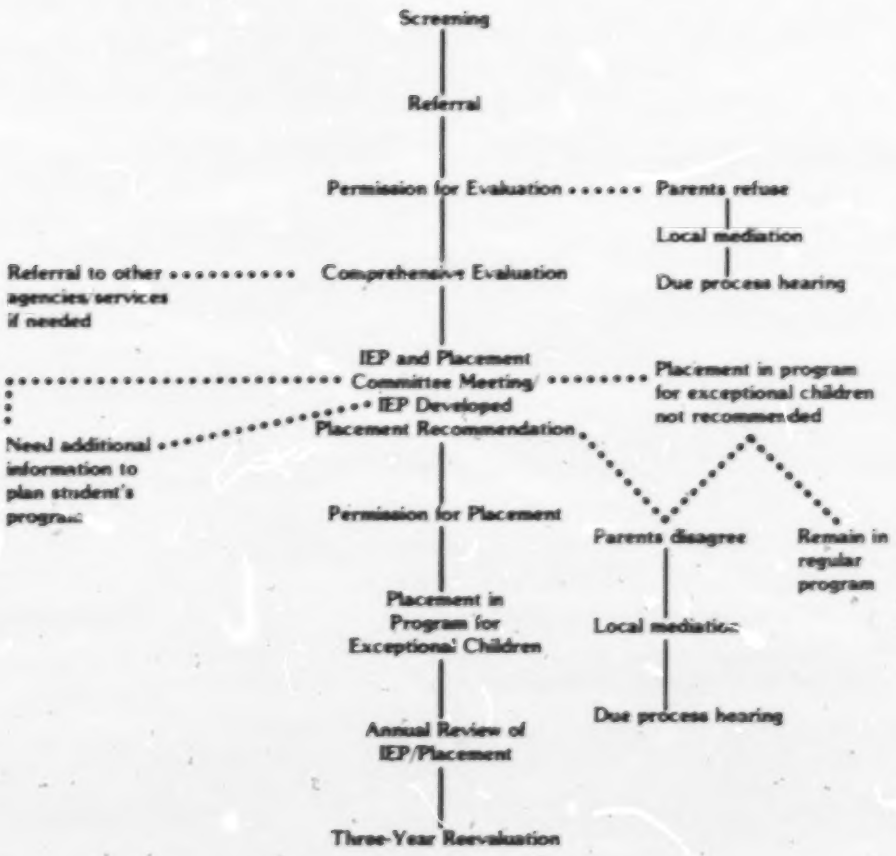
The determination to place any child into a special education program must not be made exclusively or principally upon results of tests administered during evaluation. All pertinent data on each child should be reviewed by the entire committee. Cognitive and adaptive behavior criteria must be considered (Regulations and Procedures, page 24). Ultimate placement considerations should include the determination of total classroom makeup relative to the physical management needs, social interaction needs and individualized instructional needs of the children.

Chapter III
Due Process

Introduction

Parents' and children's rights under P.L. 94-142 are protected through a procedural due process structure. The child, the parents and the schools are involved in the specifics of due process.

The following is a chart of due process procedures.



Screening

Screening is a rapid assessment of children's needs for special education services, of which the primary purpose is to determine strengths, weaknesses and developmental deficiencies which might indicate the need for further evaluation of a child. This screening information may be used during further evaluation.

Visual screening for the SMR child and the very young TMR child should include such basic activities as focusing and tracking. For visual acuity determination, pretraining on a picture matching task should be done before the actual acuity testing. The child should first match pictures at close range and then match pictures pointed to by the examiner from a 20-foot distance. Attending skills of SMR youngsters may be such that not even informal acuity screening is feasible.

In order to obtain reliable and useful information from the hearing screening, the child should be conditioned for the process at least two weeks prior to the screening. The following are some methods to condition the child.

Use cueing games for the child to learn to respond to auditory changes in the environment. One response to auditory changes would be for the child to hold a block in his or her hand until he or she hears a sound and then drop the block into a box. The child should progress from this response to raising a hand when a different sound is heard.

Another method to prepare the child for screening is to obtain a set of earphones prior to the testing. Have the child get used to wearing the earphones and responding to sound changes. The teacher also might want to obtain an audiometer and let the students hear the various sounds and respond to them. This could be done as a group activity.

The teacher might also use a child who has mastered responding to sounds by having the other students watch the child respond to the various sounds.

Spend time developing rapport with the child.

Referral

Referral is the process in which parents or guardians, the student, school personnel, appropriate public agencies or other professionals may request assessment of a student's abilities. In the case of TMR and SMR students, many referrals are made by agencies such as the Department of Human Resources, the Department of Family and Children Services, private agencies and clinics for newborn infants.

Comprehensive Evaluation

All children who are considered for special education services must be screened for possible hearing and vision difficulties prior to educational or psychological evaluations.

Before any action is taken on placing a handicapped child in a special education program, a full and individual evaluation must be conducted in accordance with the following. The local education agency (LEA) must use appropriate evaluation procedures including trained evaluation personnel, multidisciplinary teams, validated and nondiscriminatory assessment, the language or other mode of communication commonly used or understood by the child and the use of more than one procedure or instrument.

The local school system must have signed, informed parental consent on file before any child is singled out for any evaluation other than routine operations happening to all children at some point in their school year (e.g., mass vision, dental, hearing and speech testing unless parent has previously filed a form of protest).

All children enrolled in special education programs shall be comprehensively reevaluated educationally or psychologically at least every three years. The reevaluation may take place within the three-year period upon request of any person having the original authority to make an initial referral, with the approval of the placement committee.

A major difficulty in assessing trainable or severely mentally retarded students is deciding whether an inappropriate response resulted because the child lacked the conceptual basis or the language communication skills to comprehend or respond to the examiner's directions. The examiner may need to reduce the number of stimuli and offer verbal, visual or physical cues.

The following information might be part of the evaluation process.

Medical Examination — A medical examination is required at least biannually after placement; however, this information would be very helpful prior to placement. The report should include a medical history and any medical implications for instruction.

Educational Assessment — This could include an evaluation of the student's level of developmental and academic functioning. A number of assessment instruments with curriculum built into them are available. They will assess motor (gross and fine), daily living, communication, cognitive and other skills. These will be discussed more thoroughly under the area of instructional program.

Psychological Evaluation — A psychological evaluation should be administered by a qualified examiner. Some tests appropriate for TMR and SMR students include the following.

- ***Basic Skills Screening Test***

  Mid-Nebraska Mental Retardation
  Services Region III
  518 East Side Blvd.
  Hastings, Neb. 68901

  Designed to objectively test target behaviors and suggest remediation activities for community-based handicapped citizens.

- ***Bayley Scales of Mental Development***

  The Psychological Corporation
  1372 Peachtree St., NE
  Atlanta, Ga. 30309

  Consists of specific statements describing observable responses which the assessor attempts to elicit through direct interaction with the child. It is a scale which follows normal developmental sequence from 0-30 months.

  Ken Scales - Profile
  Kent State University

- ***Cattell Infant Intelligence Scale***

  The Psychological Corporation
  1372 Peachtree St., NE
  Atlanta, Ga. 30309

  This is a widely used downward extension of the Stanford-Binet Intelligence Scale, modified by observations of the Merrill-Palmer, Minnesota Preschool and Gesell scales. It yields mental age scores and IQs.

- ***Denver Developmental Screening Test***

  Ladoca Project and Publishing Foundation
  Denver, Colo.

  Designed and standardized to meet the need of having a simple useful tool to aid in the discovery of children with developmental problems.

- ***Developmental Activities Screening Inventory (DASI)***

  Teaching Resources
  100 Boylston St.
  Boston, Mass. 02116

  A teacher-administered screening instrument to determine general cognitive-adaptive functioning levels, accompanied by developmental activities suggestions.

- ***Haeussermann's Developmental Potential for Preschool Children***

  Grune and Stratton
  757 Third Ave.
  New York, N.Y. 10017

  An instrument designed primarily for cerebral palsied children as an assessment of cognitive abilities. Materials include objects from child's everyday environment.

- ***McCarthy Scales of Children's Abilities***

  The Psychological Corporation
  1372 Peachtree St., NE
  Atlanta, Ga. 30309

- ***Merrill-Palmer Scales of Mental Development***

  Stoelting Company
  1350 S. Kostner Ave.
  Chicago, Ill. 60623

  Evaluative information from supportive personnel such as physical therapists, occupational therapists, speech therapists, music therapists and recreational therapists is extremely important.

  Developmental and Social History — A visiting teacher, social worker or psychologist should collect information from parents or guardian to compile a case history of the child.

References

"Assessing Severely Handicapped Children," Rebecca F. DuBose, Mary Beth Langley and Vaughan Staff. *Focus on Exceptional Children*. Vol. 9, Number 7, December 1977.

"Educational Assessment Strategies for the Severely Handicapped," Wayne Sailor and R. Don Horner. *Teaching the Severely Handicapped*. Haring and Brown, Vol. 1, 1976.

Individualized Education Program (IEP)

An IEP is developed for each handicapped child who is receiving or will receive special education. All public agencies working with handicapped children must develop IEPs. The total IEP, including long- and short-term objectives, is developed prior to placing the child in a special education program.

The IEP shall be developed in an individualized planning conference initiated and conducted by the responsible agency.

A student should have only one IEP even if enrolled in two or more special education programs.

The IEP is an educational and related services plan and not a binding contract for which the agency is responsible if the child does not achieve the growth projected in the goals and objectives. However, the local education agency must provide those services that are listed in the child's IEP.

Participants in individualized planning conferences will include a representative of the agency, other than the child's teacher, who is qualified to provide or supervise the provision of special education. This does not exclude other qualified special education instructors. The child's teacher or teachers, special or regular, or both, who have a direct responsibility for implementing the IEP.

The responsible agency must make every effort to insure that each individualized planning conference includes one or both of the parents, the child, when appropriate and other individuals at the discretion of the parent or agency.

For a handicapped child who has been evaluated for the first time, the responsible agency shall make sure that a member of the evaluation team or someone who is knowledgeable about the evaluation procedure and familiar with the evaluation results participates in the meeting.

Each responsible agency must make every effort to insure that the parents of the handicapped child are present at the individualized planning conference or are afforded the opportunity to participate. The meeting shall be scheduled at a mutually agreed upon time and place. Notification of the meeting to parents must indicate the purpose, time and location of the meeting and who will be in attendance. All communications to parents must be in both English and the primary language of the home, if the primary language is other than English.

A meeting may be conducted about a parent in attendance if the responsible agency is unable to convince the parents that they should attend. In this case, the responsible agency shall record its attempts to involve the parent(s). The attempts may include a written waiver of his or her rights to participate **in accordance with due process procedures,** telephone calls, correspondence and home visits.

Upon request, parents shall be given a copy of the IEP.

Upon the parents' request, a formal due process hearing shall occur as outlined in Georgia's Annual Program Plan.

The IEP must include the child's present level of educational performance; the child's annual goals including short-term instructional objectives; the specific special education and related services to be provided to the child and the extent to which the child will be able to participate in regular educational programs; the projected dates for initiation of services and the anticipated duration of the services, and appropriate objective criteria, evaluation procedures and schedules to determine on at least an annual basis whether the short-term instructional objectives are being achieved.

Planners of the IEP work individually before the IEP meeting to collect all the necessary information. Since the educational development of TMR/SMR individuals is a very complex task, the expertise of a variety of individuals is needed to develop the most appropriate education.

The entire IEP is completely dependent on accurate assessments of the child's needs and appropriate analysis of this data. At a minimum the data shall include the current levels of the child's performance on gross and fine motor skills; communication skills; social skills; daily living skills; cognitive, prevocational and vocational skills; specific health concerns such as medication, seizures, allergies and illness; physical involvement (positioning); stimular control and proven reinforcers. Meaningful educational programming is dependent on this data.

Each specific instructional objective and each instructional activity must relate to some future functional behavior. The careful selection of long-term goals is the major safeguard against inappropriate instruction.

Objectives should be stated in terms of observable child behavior with specific criteria for success. Each objective should include exactly what the child will do to what observable criteria under specific circumstances.

Long-term and short-term goals should be written as behavioral objectives. Each behavior described in the objective should be observable, measurable and repeatable. The following are samples of behavioral objectives.

- Given a tube sock, X will put it on foot six out of eight times within five minutes on four consecutive days.
- On teacher command, X will touch a hair brush (no distractors) on four out of five commands for two consecutive days.
- X will engage in parallel play with one or two peers 25% of free time.
- Given a ball, X will throw the ball without assistance to the teacher on five out of five times on two consecutive days.
- Given a square, circle and triangle, X will point to the square on four out of five times on two consecutive days.

Resources

Developing Effective Individualized Education Programs for Severely Handicapped Children and Youth. Special Press, Dept. R, 724 S. Roosevelt Ave., Columbus, Ohio 43209, 1977.

A Parent's Guide to the Individualized Education Program (IEP) as Required by P.L. 94-142. Roslyn Rosen, coordinator, Gallaudet College, P. L. 94-142 Program, and staff members of Kendall Demonstration Elementary School, Gallaudet College, Kendall Green, Washington, D.C.

A Teacher's Guide to Writing Instructional Objectives. Alan Wheeler and Wayne R. Fox, Edmark Publishers, Bellevue, Wash.

Developing Individualized Educational Plans for the Severely Handicapped. Seaside Education Association, Zero Elm St., Manchester, Mass. 01944.

Placement

No student will be placed in a special education program until the Special Education Placement Committee meets and reviews all pertinent information to determine an appropriate program for that child.

The decision to place any child into a special education program will not be made exclusively or principally upon results of tests administered during evaluation. All pertinent data on each child should be reviewed by the entire committee.

Placement committee meeting minutes must be kept.

All children who are evaluated for possible special education services will be subject to review by the placement committee. All children who are recommended by the placement committee to be placed in a special education program must have signed, informed parental consent on file within the school system before placement can occur.

Upon the request of any person having the authority to make an initial referral, all children who are enrolled in special education programs shall be reevaluated by the Special Education Placement Committee within three years from the last placement decision. The committee will review all new and pertinent information and determine an appropriate program for these children.

Any time a change in educational placement is contemplated, the pertinent information must be reviewed and the change appproved by the placement committee and the child's parents.

Confidentiality

LEAs maintain records and reports on handicapped children which contain confidential data. Each LEA must instruct persons collecting or using personally identifiable data of policies and procedures for the use of confidential data.

Exit Criteria

According to the Georgia Annual Program Plan and Program for Exceptional Children Regulations and Procedures, all handicapped and gifted persons aged five to 18 must be provided a free appropriate education. Persons aged 19 to 21 must be allowed to continue in a program until the completion of that program or through age 21 if they were enrolled before age 19.

Each school district must set criteria for determining when within this range to exit a student. This individualization of criteria is necessary because of two variables — the student's level of functioning and the working and living facilities available in the local community. These variables should be considered by the student's staffing committee when determining when the student should leave the program.

Post school accommodations — A key piece of information required by the staffing committee is a list of the working and living facilities available for post school placement. These may include working facilities such as

- independent semiskilled or unskilled job placements available in the community,
- vocational rehabilitation placement,
- sheltered workshop placement,
- work activity centers,
- training centers,
- private local agencies (e.g., Goodwill).

Available living facilities may include

- natural home placement with the family,
- foster-care placement,
- group homes,
- supervised apartment living,
- private residential facilities.

The local school district should have lists of the skills and behaviors which prospective students will need to master in order to succeed in the post school placement. The lists should be reviewed once a year to assure its validity, and to include new community placement facilities.

Level of student performance — This data, required by the staffing committee, should include information on the student's current school year performance in language, self-care, community competence skills, pre-vocational skills and social skills.

This information should be presented to the student's staffing committee during a preexit staffing held before the student's seventeenth birthday. At this time, a representative of Vocational Rehabilitation or some other appropriate agency should be added to the committee. This committee will make a tentative decision on the most appropriate, least restrictive working and living environments available to the student. The student's IEP should then be written to reflect this decision and the skills and behaviors which must be taught in order to make the placement. A copy of this program should be placed with the potential receiving agency.

Placement and programming decisions should be reviewed, at a minimum, during the annual reviews of the student's IEP progress. The committee may decide that

- the student is progressing in a satisfactory manner, thus a continuation of the school program is recommended.
- the student is progressing in an unsatisfactory manner necessitating a more structured program to assure attainment of the goals set for him or her.
- the student is progressing at such a rate that the initial goal is no longer appropriate and a less restrictive post school placement is needed. The student's school program should be changed to meet the new goals.
- the student is now ready to exit from the program for entry into the previously designated appropriate placement.

For further information on due process or other procedural safeguards in effect in Georgia, refer to *Program for Exceptional Children Regulations and Procedures Georgia Department of Education* and *Georgia's Annual Program Plan for P.L. 94-142*. Copies of these documents are available in the office of the local school superintendent, director of special education or local Georgia Learning Resources System.

Additionally, information on local system procedures is contained in the local system's Special Education Comprehensive Plan available from the local school superintendent or special education director.

Chapter IV
Program Organization

Program Organization

Delivery Model

Least restrictive placement is the educational environment in which the child can function most effectively. In keeping with the procedural safeguards guaranteed to exceptional children and their parents, the Georgia Department of Education established the following regulations.

To the maximum extent appropriate, exceptional children in Georgia must be educated with children who are not handicapped. Special classes, separate schooling or other removal of handicapped children from the regular class environment will occur only when the handicap is so severe that education in regular classes with the use of supplementary aids and services cannot be satisfactorily achieved. Further, it is the policy of the Georgia Department of Education that handicapped children have the right to be educated with their non-handicapped peers, unless there's clear evidence that partial or full removal is desirable for the welfare of the child or other children.

When an exceptional child must be assigned to a special program, educational goals must be specified. When these goals are met, the child must be returned to the most normal setting possible, consistent with the child's capabilities and educational needs (Regulations and Procedures, page 9).

With a sufficient number of eligible students, a school system may develop a quality comprehensive program within their system for trainable and severely mentally retarded students. However, due to the low incidence of trainable and severely mentally retarded, it may be more appropriate for systems with a small number of eligible students to develop a program with neighboring school systems.

The following items should be considered in determining single-system versus multisystem programming.

- The location of the program should allow interaction with nonhandicapped peers.
- The location of the program should provide appropriate vocational experiences.
- The chronological age range of students should be limited in classrooms depending on the school system — elementary program and secondary program, or elementary, middle and secondary, or elementary, junior high and secondary.

The recommended delivery model for TMR/SMR students is a self-contained class within the regular public school with appropriate integration into classes and activities of other students.

There are a variety of ways to promote interaction between the TMR/SMR students and nonhandicapped students. TMR/SMR students may leave their classroom and go to other classes or activities which are appropriate. Also, nonhandicapped students may come into the TMR/SMR classrooms to interact as tutors or in play situations.

In order for there to be optimal positive interaction between TMR/SMR students and nonhandicapped students, it is essential that a structured in-service program be developed and presented to the regular staff and students within the school setting. The in-service program may require the teacher to speak to the nonhandicapped students and staff about the TMR/SMR students' handicapping conditions, the goals of the program and the need for handicapped students to interact with nonhandicapped students.

Another means of creating a positive attitude towards TMR/SMR students within the community is to invite individuals from the community to assist in the teaching of daily living, vocational skills and other activities.

Personnel

According to state regulations and procedures, it is recommended that there be one fully certified teacher and one licensed paraprofessional for every 12 trainable mentally retarded students. Also, it is recommended that there be one fully certified teacher and one licensed paraprofessional for every six severely mentally retarded students.

The teacher/pupil ratio should be determined by the needs of the students within the classroom. The recommended teacher/pupil ratio should be considered as a maximum.

The teacher and paraprofessional may be the primary facilitators of services for this population; however, in order to adequately meet the educational needs of this diverse population, it will be necessary to coordinate

and use the services of a physical therapist, occupational therapist, speech therapist, adaptive physical education person, parent, volunteer and other needed related services. (See the section on Related Services.)

The **teacher** is case manager for each student. He or she must be aware, knowledgeable and capable of coordinating all the services included in the IEP and being provided by other individuals. Ancillary personnel need to keep the teacher aware of the students' ongoing program. In addition, the teacher must coordinate the program with parents.

The responsibility of a **paraprofessional** is usually direct service to students. Within a classroom, the teacher has the overall responsibility for the classroom; however, the actual instruction is usually delivered by a team teaching approach. The paraprofessional will be directly supervised by the teacher and will carry out educational programs developed and implemented by the teacher. The paraprofessional will need the skills to teach small groups as well as individual students.

The **speech and language therapist** may provide the following services.

- Diagnostic evaluator of verbal and nonverbal communication skills
- Resource person to the TMR or SMR teacher for speech and language problems
- Work with parents and paraprofessionals in training them to maximize the students' communication skills
- Direct service to students placed in speech and language programs
- Participate in IEP and placement meetings

For further information concerning the role of the speech and language therapist, refer to *Resource Manual Volume VII — Speech and Language Impaired.*

The occupational therapist may provide the following services.

- Administer developmental evaluations and develop the programming of daily living skills, perceptual-motor skills, positioning, oral facilitation and grasp.
- Construct or order special adaptive equipment which will improve the student's functioning and provide guidance for the equipment's use.
- Participate in IEP and placement meetings.

For further information concerning the role of the occupational therapist, refer to *Resource Manual Volume VIII — Physically and Multiply Handicapped/System Occupational and Physical Therapists.*

The **physical therapist** may provide the following services.

- Determine student's functional motor development by measuring or testing muscle strength, range of motion, normal and abnormal reflexes, sensory discrimination, coordination and balance.
- Write assessments, outline problems and develop with a physician's guidance, long and short term goals to return the student to a maximum level of functional independence
- Conduct physical therapy treatment to restore function and to prevent further disability and deformity
- Measure and order or construct adaptive equipment
- Instruct and direct students to use their adaptive equipment and prosthetic and orthotic appliances
- Consult with students and families regarding daily living tasks and architectural barriers that inhibit the student's independence at home or in the community.
- Participate in IEP and placement meetings

For further information concerning the role of the physical therapist, refer to *Resource Manual Volume VIII — Physically and Multiply Handicapped/System Occupational and Physical Therapists.*

The **adaptive physical educator** may provide the following services.

- Design and implement physical educational programs for students

- Provide in-service education to special education and other staff
- Serve as resource person for gross and fine motor problems to TMR/SMR teacher
- Participate in IEP and placement meetings.

An extremely valuable and integral member in the development of the student's educational program is the **parent.** Many parents of trainable and severely retarded children are interested in doing the most they can for their child and, consequently, are willing to work with their child on educational activities at home. As parents become aware of the success of the school program, they will be more eager to help their child at home. Therefore teachers need to be responsive to parents and teach them how to teach their own children.

It is important that parents be involved in some educational activities and training. For instance, it is practically impossible to toilet train a child with only a school training program. The entire range of daily living skills requires that the parent become involved in instructing the child. Also, it is very critical that there be a home-school coordinated program for communication skills.

One method of home-school interaction is to meet with parents and select a program for them to work on at home. The program must be one that has a high probability of success. The teacher should explain the entire skill sequence and then demonstrate teaching the skill to the parent. The cues, reinforcers and expected behavior should be fully explained. The teacher should monitor the parent and the effectiveness of the training program.

Some parents are willing to serve as volunteers in the school. Every opportunity should be made to use them in actually instructing the children because as they learn how to instruct children in the school, the parents will then more effectively instruct and guide their own child in the home.

In order to provide extensive individualized instruction and maximize the instructional time within the classroom, **volunteers** may be used in addition to paraprofessionals. Volunteers can be used effectively if certain rules are followed.

- Time must be scheduled to adequately train the volunteer.
- Volunteers should be given tasks for which they have been adequately trained.
- A volunteer's performance must be monitored.
- A system of flexible scheduling must be maintained.

It may be necessary to coordinate and use other related services to adequately meet the needs of the population. (See section on Related Services.)

- Transportation
- Social worker/visiting teacher
- School nurse/health department
- School psychologist/psychometrist
- School guidance counselor
- Vocational Rehabilitation counselor
- Recreation therapist
- Music therapist
- Audiologist
- Mental Health Services

Resources

Functional Aids for Multiply Handicapped. Isabel P. Robinault, ed., Hagerstown, Md., Harper & Row, Publishers, 1974.

New Directions for Parents of Persons Who are Retarded. Robert Perske, 1973. Abingdon Press, 201 Eighth Ave., South, Nashville, Tenn.

Working with Parents of Handicapped Children. Council for Exceptional Children, 1920 Association Dr., Reston, Va., 1976.

Living with Children. Gerald R. Patterson and M. Elizabeth Gullion, 1974. Research Press, 2162 North Mathis Ave., Champaign, Ill.

Families. Gerald R. Patterson, 1975. Research Press, 2162 North Mathis Ave., Champaign, Ill.

A Manual for Parents and Teachers of Severely and Moderately Retarded Children. Lawrence Larsen and William H. Bricker. Document Reproduction Service - ERIC, Computer Microfilm International, 2020 14th St., Arlington, Va.

Exceptional Children: The Parent-Professional Partnership. Council for Exceptional Children, 1920 Association Dr., Reston, Va., 1975.

Isn't It Time He Outgrew This? Victor L. Baldwin and H. D. Fredericks. Charles C. Thomas, Publisher, 301-327 East Lawrence Ave., Springfield, Ill., 1973.

Teaching Your Down's Syndrome Infant: A Guide for Parents. Marci Hanson. Center on Human Development (Down's Infant Parent Guide), Clinical Services Building, University of Oregon, Eugene, Ore.

Infant Stimulation: A Pamphlet for Parents of Multiply Handicapped Children. Sandra Hoffman. CRU, Kansas University Medical Center, Kansas City, Kan.

Handling the Young Cerebral Palsied at Home. E. F. Cutton & Company, New York. N.Y., 1968.

Suggestions for Adapting Equipment for the Severely Involved Child. Ruth Ann Keen, Pittsburgh, Pa., Mimeograph, 1975.

A Data Based Classroom for the Moderately and Severely Handicapped. H. D. Fredericks, et. al., Instructional Development Corporation, P. O. Box 361, Monmouth, Ore., 1977.

Mental Retardation: A Programmed Manual for Volunteer Workers. Alden S. Gilmore and Thomas A. Rich, Charles C. Thomas Publisher, 301-327 East Lawrence Ave., Springfield, Ill., 1976.

In-service

In-service training and local staff development should depend on the needs administration and instructional staff view as important. Ongoing staff development may be provided on a single topic or a variety of topics throughout the year. In-service training should not only address general instructional procedures with the retarded, but should also address the individual needs of specific children.

Suggested topics for in-service might include nonverbal communication methods, management of medically involved children, positioning of physically handicapped children, working with parents, working with para-professionals and prevocational/vocational activities.

Some methods for in-service might be classroom visitations, special workshops with guest speakers, teacher meetings and professional conferences.

Local Georgia Learning Resources System (GLRS) Centers provide basic teacher support services in information exchange, special instructional materials and media and staff development. See Appendix A for further discussion of the services which GLRS may provide.

The quality of the staff development program available within the local school system will be reflected in the quality of the instructional program.

Resources

Behavior Management: A Competency Based Manual for In-service Training. Psychoeducational Resources, P. O. Box 306, Buntonsville, Md.

Experimental Education Training Program, An In-service Program for Personnel Serving the Severely Handicapped. Volumes I-IV, Vici Ries, EEU, WJ-10, Child Development and MR Center, University of Washington, Seattle, Wash.

Competency-Based Training: A Manual for Staff Serving Developmentally Disabled Children. P. Fullager and E. Glover, Chapel Hill Training - Outreach Project, University of North Carolina, Chapel Hill, N.C.

In-service Training Manual for State of New York. Department of Menial Hygiene Developmental Centers, Robert Schonhorn, Executive Division United Cerebral Palsy Association of New York State, 815 Second Ave., New York, N.Y.

Facilities

Facilities for trainable mentally retarded and severely mentally retarded students should meet requirements of Section 504 and *Standards for Public Schools in Georgia*. When necessary, buildings must be architecturally barrier-free and equipped with appropriate adaptive modifications such as toilet facilities, ramps and lowered water fountains.

It is recommended that school systems use the least restrictive environment in providing adequate services for the severely and trainable mentally retarded. Because of the low incidence of this population, systems are encouraged to share services across system lines.

A program should be centrally located within the region or district on a public school campus with children of similar chronological age. It should house the staff of professinally trained teachers and paraprofessionals to serve the needs of children identified as severely and trainable mentally retarded. The facility should provide areas for instruction in basic daily living skills, motor development, cognitive skills, vocational skills, social and communication development (Regulations and Procedures, page 25).

The school system should provide a classroom of suitable size in a distraction-free area, as required by the type of program or services to be established, with appropriate furniture, materials, supplies and equipment to meet the needs of the class or individual children to be served. For a self-contained class, the standard size of 750 square feet is suitable.

For children with special physical needs, the classroom should be easily accessible to an outside entrance, the school cafeteria, library and office. The classroom should have its own restroom facilities, or they should be immediately adjacent to the special classroom. Such classes should be in schools which meet standards for public schools of Georgia.

Instructional space for exceptional children shall comply with state standards. Adequate storage and shelving should be provided. It is strongly recommended that mobile or portable classrooms be used only when other education classes are also housed within such classrooms. It is recommended that part of the classroom be carpeted to allow for floor activities with the students.

New construction, renovation and consolidation of facilities should be undertaken only with the approval of the School Plant Services, Georgia Department of Education (Regulations and Procedures, page 21).

Chapter V
Instructional Program

Instructional Program

Direct Service Objectives

As a guide to the skill acquisition sequence for TMR/SMR children it is necessary to first look at the developmental sequences of normal children, as is done with the Developmental Model of Acquisition. The developmental model implies that the sequence of skills children acquire in each learning domain can be accurately outlined, and that each skill is prerequisite for the one that follows. The majority of current research data available supports such a model of sequenced steps of skill acquisition and its generalized applicability to handicapped children. Within this developmental approach, assessment instruments and curriculum guides may be used interchangeably for guidance in selecting objectives. An assessment instrument can be used both for assessment and as a basic curriculum guide, or a guide which includes domain sequences may be used for assessment.

There are, however, cautions to bear in mind. Do not infer that in each case TMR/SMR children will acquire all the skills and behaviors in a normal developmental sequence. TMR/SMR children may never master all the skills a normal child is capable of mastering across all learning domains. The skills which are learned will, in most instances, be acquired in essentially the same order within each learning domain.

An additional factor to bear in mind is the differential rate of acquisition by TMR/SMR children. That is, given an appropriate developmental sequence of objectives, TMR/SMR children will progress through the sequence at a significantly slower rate than normal children.

While using such a model as the basis for curriculum, functional needs presented by the child and the learning situation must be considered. These are shown in a variety of ways — the physical limitations of the child which require remediation or circumvention, environmental characteristics of the learning and living environment requiring immediate mastery or adaptation, the matrixing of appropriate objectives across and within learning domains and the current limitations of our knowledge of instructional technology.

In TMR/SMR classes, students function at various levels of development in each learning domain. At present there is no way of determining the extent to which these children may progress. Therefore an artificial ceiling should not be placed upon their instructional program and goals. Teachers must be prepared to take the children as far and as fast as they can go.

Within this resource guide it would be prohibitive to go into a lengthy discussion which details all the precise objectives for each learning domain. **Therefore, what is listed is a sample which illustrates some of the main instructional areas within each domain.** A more complete list of instructional areas and their component objectives is available in appropriate assessment and curriculum guides. Some of these publications are listed at the end of this section.

The primary learning domains to be included within the curriculum of each child are as follows.

Domains	**Sample Instructional Areas**
Daily living skills	toileting eating/feeding dressing grooming/hygiene housekeeping
Communication skills	expressive and receptive verbal and nonverbal reading and writing
Cognitive skills	sensory motor matching, sorting, constructing, recognizing, identifying, memory, sequencing functional academics
Gross and fine motor skills	body awareness locomotion manipulation dexterity

Prevocational and vocational skills	applied cognitive skills, e.g., sorting community awareness skills, e.g., mobility and street crossing, use of commercial facilities such as groceries, laundries and restaurants appropriate work behaviors on-the-job training
Social skills	appropriate interactions with adults and peers sex education recreation/leisure self-control of behavior

The critical factor for this discussion is instrument selection. Before listing some factors to be considered in the selection of an appropriate instrument, two phrases must be reviewed which differentiate major classes of instruments.

The first phrase is **developmental versus functional instruments**. A developmental instrument lists the sequence of skill acquisition within a given learning domain from its most basic appearance in the child through its more complex form (e.g., sound imitation through full sentence production). These instruments are usually considered most appropriate for use with younger children.

A functional instrument seeks to provide its student with immediate command or controling elements over his or her environment. In this case, the first language objectives would be to teach the child the phrase "I want _____" with accompanying functional nouns. This instrument is considered most appropriate with adolescents and young adults.

The second phrase which differentiates between instruments is **comprehensive versus domain specific**. A comprehensive instrument supplies test items and activities within each of the primary learning domains. Therein the single instrument attempts to provide a complete program.

A domain specific instrument is designed solely for assessment and instruction within a single learning domain. Therefore it would be necessary to have one instrument for each domain in order to have a complete program. An alternative use of domain specific instruments can be to augment your comprehensive instrument in a weak domain.

The following questions should be considered when selecting an assessment instrument or a curriculum guide.

What population was the normative data drawn from? Does the instrument report field-tested validity? Does the instrument report field-tested reliability?

Are the objectives or test terms presented in an appropriately sequenced order? Is the sequence developmentally accurate?

Does the instrument subdivide complex tasks into sufficient slices to minimize the need for futher subdividing by the teacher?

Is there a minimal dependence upon the receptive and expressive language capability of the child?

Is there minimal dependence upon the speed of performance of the child?

Considering the multiplicity of disabilities which are present in children labeled as TMR/SMR, is the instrument adaptable across handicapping conditions?

Does the assessment instrument provide descriptions of how items are to be tested?

Does the scoring system provide useful descriptive information for future programming? Most instruments are either a dichotomous scoring system or a level of assistance scoring system. A dichotomous scoring system is a basic yes (+), no (-) system for each skill. A level of assistance system is shown by the following from the Vulpe Assessment Battery.

SCORE SCALE

_____	1. No
_____	2. Attention
_____	3. Phys. Assis.
_____	4. Soc./Emot. Assis.
_____	5. Verbal Assis.
_____	6. Independent
_____	7. Transfer

Is there a curriculum associated with the assessment instrument and does it provide suggested activities and materials?

Have the necessary key staff members jointly evaluated and selected the most effective assessment or curriculum instrument for each learning domain?

Resources

Diagnostic Instruments and Curriculum Guides

VULPE Assessment Battery. 1977, Shirley German Vulpe, National Institute on Mental Retardation, Toronto, Ontario, Canada.

Designed for assessment and individual program planning in many settings. Performance Analysis Scales for all areas of child development—basic seneses and functions, gross and fine motor, language behavior, cognitive processes, organization of behavior, activities of daily living, environment—the physical setting and the caregiver, reflex development.

The Behavioral Characteristics Progression (The BCP). 1973, Vort Corporation, P. O. Box 11132, Palo Alto, Calif.

The BCP presents a special education program and its proper management. Included are a listing of student competencies, procedures for program operation and a system of administrative guidelines.

Uniform Performance Assessment System (UPAS). Experimental Education Unit WJ-10, Child Development and mental Retardation Center, University of Washington, Seattle, Wash.

UPAS is a curriculum-referenced assessment system. The UPAS package consists of checklists, criterion tests and a tester's manual. Level A covers birth-6 years, Level B covers 6-12 years, and Level C (being developed) is 12-18 years.

The Callier-Azusa Scale. Robert Stillman, 1976, Council for Exceptional Children, 1920 Association Dr., Reston, Va.

Scale of normal development designed specifically to aid in the assessment of deaf-blind and multiply handicapped children.

The Portage Guide to Early Education. David Shearer, et al. Cooperative Educational Service Agency No. 12, 412 East Slifer, Portage, Wis.

This experimental program was developed for preschool handicapped children, but is adaptable to any age group which exhibits behaviors in the mental age range of zero to 5 years.

Pennsylvania Training Model—Individual Assessment Guide. M. Ellen Somerton and Keith D. Turner, Ph.D., 1975. Council for Exceptional Children, 1920 Association Dr., Reston, Va.

The model assists teachers in developing specific programs for the severely and profoundly retarded from

an assessment of the individual's needs. The areas covered by the model are sensory development, motor development, self-care, communication, perceptual-cognitive and social interaction.

Teaching the Moderately and Severely Handicapped: Curriculum Objectives, Strategies, and Activities. Michael Bender and Peter J. Valletutti, 1976. University Park Press, Chamber of Commerce Building, Baltimore, Md.

The curriculum is complete in that it provides for assessment, development of individual behavioral objectives, suggested training activities and strategies for completing the training. The curriculum areas covered in Volume I are behavior problems, self-care skills, gross and fine motor skills, whereas Volume II includes communication, socialization safety, leisure time and functional academics.

Camelot Behavioral Checklist. Ray W. Foster, Camelot Behavioral Systems, P. O. Box 3447, Lawrence, Kan.

Designed to identify specific training objectives for an individual and then to provide a score based on these objectives. Once target behaviors have been determined, a Skill Acquisition program Bibliography (Tucker) is used to identify programs developed for these behaviors.

Learning Accomplishment Profile (LAP). Chapel Hill Training-Outreach Project, Lincoln Center, Merritt Mill, Chapel Hill, N. C.

Designed to provide the teacher of the young handicapped child with a simple, criterion-referenced record of the child's existing skills. Use of the LAP enables the teacher to: identify developmentally appropriate learning objectives for each individual child, measure progress through changes in the rate of development, and provide specific information relevant to pupil learning.

The Teaching Research Curriculum for Moderately and Severely Handicapped. H. D. "Bud" Fredericks, et al., 1976. Charles C. Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill.

Instructional Based Appraisal System (IBAS). Edmark Publishing Co., 13241 Northup Way, Bellevue, Wash.

Beyond the Ordinary-Toward the Development of Standards and Criteria. R. Perske and Judy Smith, AAESPH.

Early Intervention and the Integration of Handicapped Children. Michael J. Garalhick, University Park Press, 1978.

Cerebral Palsy Assessment Chart. Semans, et al. **Physical Therapy,** 1965, **45,** 463-468.

Developmental Assessment Tool (DAT). Massachusetts Department of Mental Health, Portland St., Boston, Mass.

Developmental Pinpoints. In N.G. Haring & L. Brown (Eds.) Teaching the Severely Handicapped. A yearly publication of the American Association for the Education of the Severely/Profoundly Handicapped (Vol. 1) New York: Grune and Stratton, 1976.

Down's Syndrome Assessment Inventory. Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington, Seattle, Wash.

Manual for the Assessment of a Deaf-Blind Multiply Handicapped Child. (1975) Revised) Midwest Regional Center for Services to Deaf-Blind Children, P. O. Box 420, Lansing, Mich.

Neonatal Behavioral Assessment Scale. CDMRC Media Services, Child Development and Mental Retardation Center, University of Washington, Seattle, Wash.

Prescriptive Behavioral Checklist for the Severely and Profoundly Retarded. Popovich, D. University Park Press, 1977.

Programmatic Guide to Assessing Severely/Profoundly Handicapped Children. Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington, Seattle, Wash.

Special Education Objective Checklist - Developmental Program. Pupil Personnel Services, Tacoma Public Schools, Tacoma, Wash.

Student Progress Record. MR/DD Program Office, Mental Health Division, 2575 Bittern St., NE, Salem. Ore.

Daily Living Skills

Toilet Training the Retarded. Richard M. Foxx and Nathan H. Azrin, 1974. Research Press, 2612 North Mathis Ave., Champaign, Ill.

Toilet Training the Handicapped Child. H. D. "Bud" Fredericks, Victor Baldwin, David Grove and William Moore, 1975. Instructional Developmental Corporation, P. O. Box 361, Monmouth, Ore.

Project MORE: Daily Living Skills Programs. Casper L. Vermeti, James R. Lent and Crystal J. Stevens, 1974. Edmark Associates, 13241 Northup Way, Bellevue, Wash.

Handling the Young Cerebral Palsy Child at Home. Nancie Finnie, E. P. Dutton Co., 1974.

Balthazor Scales of Adaptive Behavior for the Profoundly and Severely Retarded. Research Press, Champaign, Ill., 1971.

Occupational Therapy for the Mentally Retarded Child. M. Copeland, L. Ford, and N. Solon, Baltimore, University Park Press, 1976.

Behavioral Characteristics Progression. Vort Corporation, Palo Alto, Calif., 1973.

Teaching the Moderately and Severely Handicapped. M. Bender and P. J. Valletti, Vol. I, II and III, University Park Press, Chamber of Commerce Building, Baltimore, Md., 1976.

Independence Training Kit. (Underwear, footwear, indoor and outdoor clothing, fastening, grooming, and self-care skills, parents' guide.) Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, Calif.

Mealtimes for Severely and Profoundly Handicapped Persons. Robert Perske, ed., University Park Press, Baltimore, Md., 1978.

Steps to Independence. Bruce Baker, et. al., Edmark Associates, Bellevue, Wash.

A skills training series for children with special needs in the areas of self-help (three levels), behavior, toileting, speech and language—7 manuals plus training guide.

Training for Independence. Developmental Learning Materials, Niles, Ill.

Fundamental self-care and functional training for daily living skills are the objectives of these seven skill-development programs and one reference book. Each program contains a pre-check assessment to determine learner readiness. A series of sequential lessons leading to development of independent skills, and follow-up activities that expand and incorporate learned tasks into meaningful daily routines.

Becoming Independent. Edmark Publishing Company, 13241 Northup Way, Bellevue, Wash.

700 independent living skills with instructional guidelines.

Communication

Assessment Instruments

Receptive-Emergent-Expressive-Language Scale
Anhinga-Press
550 Park Ave. East
Tallahassee, Fla. 32301

Primarily an interview scale, the REEL assesses the child's comprehension and expression of early language skills. The scale reveals any difference that may exist between the infant's CA and his combined receptive-expressive age.

Environmental Prelanguage Battery
The Nisonger Clinic
Ohio State University
1580 Cannon Dr.
Columbus, Ohio 43210

Designed for use by parents, paraprofessionals, and teachers in assessment of the child's comprehension, verbal and gestural imitation ability, and expression of one- and emerging two-word constructions.

Environmental Language Inventory
The Nisonger Clinic
Ohio State University
1580 Cannon Dr.
Columbus, Ohio 43210

Intensive assessment of the child's application of semantic grammatical rules in two- and three-word utterances. The child's expressive language is assessed in imitation, conversation, and play as he is provided with contextual and nonlinguistic cues.

Inner Language Scale
Child Study Center
Peabody College
Box 158
Nashville, Tenn. 37203

The way in which a child responds to objects and environmental stimuli is assessed on this scale, based on Piagetian theory.

Language Programs

Adler, Sol. *An Interdisciplinary Language Intervention Program for the Moderate to Profound Language Retarded Child*, University of Tennessee (2nd Edition), 1976.

Biggs, June L. *Teaching Individuals with Physical and Multiple Disabilities*. Charles Merrill Company, Columbus, Ohio, 1976.

Bricker, Diane. *A Language Interaction Program for Developmentally Young Children*. Miami: Mailman Center for Child Development.

Guess, Doug; Sailor, Wayne; and Baer, Donald M. *Functional Speech and Language Training for the Severely Handicapped*. Vol. 1, 2 and 3, 1976. H & H Enterprises, Inc., Box 3342, Lawrence, Kan.

Kent, Louise R. *Language Acquisition Program for the Severely Retarded*. Research Press, 1974.

Lovaas, O. Iver. *The Autistic Child: Language Development through Behavior Modification*. New York: Irvington Publishers, Inc., 1977.

Sontag, Ed, Smith, Judy, and Certo, Nick. *Educational Programming for the Severely and Profoundly Handicapped*. The Council for Exceptional Children, 1920 Association Dr., Reston, Va.

Vicker, Beverly, *Nonoral Communication System Project*. The University of Iowa, University Hospital School, Iowa City, 1974.

Language Intervention Systems for the Retarded. Compiled and edited by Macalyne Fristoe, 1975. Lurleen B. Wallace Developmental Center, P. O. Box 2224, Decatur, Ala.

Signing Exact English. Modern Signs Press, National Association of the Deaf, 1975.

Peabody Early Experience Kit, American Guidance Services, Inc., Publishers Building, Circle Pines, Mich.

Vanderheiden, G. and Grilley, *Non-Vocal Communication Techniques and Aids for the Severely Physically Handicapped*. University Park Press, Chamber of Commerce Building, Baltimore, Md.

Cognitive

Assessment in Infancy: Ordinal Scales of Psychological Development. I. Uzgeris, J. Hung, University of Illinois Press, Urbana, Ill., 1975.

Collier-Azusa Scale. Robert Stillmen, et. al. Collier Center for Communication Disorders, 1966, Inwood Road, Dallas, Texas.

Teaching Research Curriculum for Moderately and Severely Handicapped. H. D. Fredericks, Charles C. Thomas, Springfield, Ill. 1976.

Math Programs, Pre-prep and Math Prep. Grolier Educational Corporation, 845 3rd Ave., New York, N. Y.

Cognitive Learning and Instruction. Science Research Associates, 1540 Page Mill Rd., Palo Alto, Calif., 1976.

Severely and Profoundly Handicapped Child, Proceedings from 1977 Statewide Institute, State Board of Education, Illinois Office of Education.

Teaching Sequence: Early Cognitive Instruction for Moderately and Severely Handicapped. McCormick, J., Chalmers, A., Research Press, Champagne, Ill.

Motor

Basic Motor Fitness. D. A. Hilsendager, Philadelphia, Pa. Temple University, 1970.

Move-Grow-Learn Movement Skills Survey. R. E. Orpet and T. L. Heustis, Chicago, Ill., Follett, 1971.

Special Physical Education: Adaptive, Corrective Development. H. Fait, Philadelphia, Pa., W. B. Saunders, 1972.

The Purdue-Perceptual Motor Survey. N. C. Kephart, Columbus, Ohio, Charles E. Merrill, 1960.

Teaching Research Motor Developmental Scale for Moderately and Severely Retarded Children. H. D. Frederick, D. L. Baldwin, P. Doughtry and L. J. Walter. Springfield, Ill., Charles C. Thomas, 1972.

Peabody Developmental Motor Scales (Revised Experimental Edition) Rhonda Folio and Rebecca F. Dubose, 1974, IMRID, Box 163, George Peabody College, Nashville, Tenn.

The Peabody Developmental Motor Scales were designed as a guide to gross and fine motor skills occurring between birth and seven years of age. There are 170 skills in the gross motor area with 106 skills in the fine motor section.

Perceptual-Motor Development Curriculum. Alleghany Intermediate Unit #3, Suite 1300, Alleghany Two Center, Pittsburgh, Pa. 15212.

Based on the concept that perception is the foundation for all learning, this curriculum guide has been developed for use with moderately, severely and profoundly handicapped students. The broad skill areas of body image, gross movement, specific coordination, visual-motor, auditory, haptic, olfactory-gustatory and perceptual integration are presented with sub-skills for each area.

Physical Education Curriculum Resource Units for Special Education Students, ESEA, Title III Project: "Discovery Through Outside Education". MISD, 44001 Garfield Rd., Mt. Clemens, Mich.

Spatial Orientation Sequencing Board. Developmental Learning Materials, 7440 Matchez Ave., Niles, Ill.

Body Image/Communication - A Psycho-Physical Development Program. Bannatyne and Bannatyne, Learning Systems Press, P. O. Box 909, Rantoul, Ill.

Prevocational/Vocational

Baratta-Lorton, Mary. *Workjobs: Activity Centered Learning for Early Childhood Education.* Menlo Park: Addison Wesley Publishing Co., 1972.

Bellamy, G. T., Horner, R. H., and Inman, D. P. *Habilitation of Severely and Profoundly Retarded Adults,* Vol. II, Eugene, Ore.: Rehabilitation Research and Training Center in Mental Retardation, 1977.

Bellamy, G. Thomas, Horner, Robert H. and Inman, Dean P., *Vocational Habilitation of Severely Retarded Adults: A Direct Service Technology*, Baltimore: University Park Press, 1979.

Brolin, D. E., *Vocational Preparation of Retarded Citizens*. Columbus: Charles E. Merrill Publishing Co., 1976.

Haring, N. G., & Bricker, D. D., *Teaching the Severely Handicapped*, Vol. III. Columbus: Special Press, 1978.

Haring, N. G., & Brown, L. G., *Teaching the Severely Handicapped*, Vol. II. New York: Grune & Stratton, Inc., 1977.

Karan, O. C., Wehman, P., Renzaglia, A., and Schutz, R. *Habilitation Practices with the Severely Developmentally Disabled*, Vol. I. Madison: University of Wisconsin - Madison, 1976.

McLaughlin, Phillip J. and Wehman, Paul. *Vocational Curriculum for Severely Handicapped Students*. Northeast Georgia CESA, C. L. Cain, Director, 375 Winters St., Wintersville, Ga.

Mithaug, Dennis E., Hagneier, Lee D., and Haring, Norris G. *The Relationship Between Training Activities and Job Placement in Vocational Education of the Severely and Profoundly Handicapped*. AAESPH Review, 1977, pages 25-46.

Wehman, Paul H. *Towards a Social Skills Curriculum for Developmentally Disabled Clients in Vocational Settings*. Rehabilitation Literature, November 1975, Vol. 36, No. 11, pages 342-348.

Severely and Profoundly Handicapped Child. Proceedings from 1977 Statewide Institute, State Board of Education, Illinois Office of Education.

Continuing Education Assessment Inventory for Mentally Retarded Adults. Barber Center Press, Inc., 136 East Ave., Erie, Pa.

Individualized Vocational Training Manual. Barber Center Press, Inc., 136 East Ave., Erie, Pa.

Sheltered Employment Work Experience Program. Barber Center Press, Inc., 136 East Ave., Erie, Pa.

Social

Education for Sexuality, Concepts and Programs for Teaching. John J. Burt and Linda Meeks, W. B. Saunders Co., Philadelphia, Pa., 1975.

A Teacher's Guide to Sex Education for Persons with Learning Disabilities. Winifred Kempton, Planned Parenthood Association for Southeastern Pennsylvania, 1402 Spruce St., Philadelphia, Pa.

Guidelines for Training in Sexuality and the Mentally Handicapped. Winifred Kempton and Rose Foreman, Planned Parenthood Association of Southeastern Pennsylvania, 1402 Spruce St., Philadelphia, Pa., 1976.

Family Life and Sex Education. Ester D. Schultz and Sally R. Williams, Harcourt Brace & World, 757 Third Ave., New York, N. Y., 1969.

Social and Sexual Development. Special Education Curriculum Developmental Center, University of Iowa, Iowa City, Iowa.

DUSO Kit, D-1. American Guidance Service, Inc., Publishers Building, Circle Pines, Mich.

My Friends and Me. American Guidance Service Inc., Publishers Building, Circle Pines, Mich.

The Social Learning Curriculum. Goldstein, H., Charles E. Merrill Publishing Co., 1300 Alum Creek Dr., Columbus, Ohio.

Materials, Media and Equipment

Materials, media and equipment for the trainable and severely mentally retarded should meet sequential and developmental criteria appropriate to each curriculum objective. Many materials will need to be teacher-made and designed for individual students. Physical limitations of students should be considered when planning and purchasing materials and equipment. Appropriate materials, media and equipment should be provided for the instructional areas of daily living skills, social skills, communication development, cognitive skills, prevocational and vocational skills, adaptive physical education, physical and occupational therapy and appropriate outdoor

equipment for play and motor activities. The composition of the class and individual needs of the students should be assessed before ordering. The following is a list of **recommended** program equipment and materials.

Classroom Equipment

tables
chairs
cots
pillows
movable partitions
rest mats
mirrors
dressing table

Audiovisual Equipment

tape recorders
language master
film projector
screen
record players
filmstrip projector
slide projector
mobile listening units

Indoor Movement Education

playground balls (various sizes)
mats
balance square
individual scooters
balance beams
trampoline
nerf balls
bean bags
jump ropes
tricycles
bicycles
crawling tunnel
climbing ladder

Outdoor Movement Education

climbing gyms
merry-go-round
horizontal ladder
see-saw set
slide
swing set

Materials for Home Living Center

Living Room
sofa
chairs
tables
lamps
television
area rug

Dining room
tables
chairs
china cabinet
area rug
linens

Kitchen
refrigerator
stove
washer/dryer

Bedroom
bed
dresser
chest
night stand
lamp
alarm radio
linens

Bathroom
bathtub/shower
scales
linens

Other equipment

vacuum cleaner
wax applicators
dust pans
mops
house cleaning supplies
irons
ironing boards
sewing machines
china and glassware
baking pans
cooking utensils

Consumable supplies

groceries
cleaning
laundry
personal care

Physical Therapy Equipment

posture mirror
table or mat platforms
floor mat
therapy ball
balance board
standing table
prone stander
exercise weights
ambulatory devices
stair set
mobility devices
mobile treatment stool

Occupational Therapy Equipment

mat
hammock
large therapy ball
scooter board
balance platform
mirror
vibrator
bolster
positioning equipment
developmental toys
visual/perceptual materials
adaptive feeding supplies
splinting supplies

Manipulative Equipment

Educational Records

Industrial Arts

locker type workbenches
lumber
assorted sandpaper
hammers
saws
assorted nails
rubber mallets
chisel and punch kits
folding rulers
screwdrivers
wood stains
brushes
paint
electric drill
sabre saw
electric sander
jig saw
circular saw
miter box
clamps

Horticulture

greenhouse
rakes
shovels
hoes
small spades
lawn mowers
hedge trimmers
garden sprinklers
plant soil and insecticides
pots
fertilizer
seeds

Related Services

Related services as defined in P.L. 94-142 refers to transportation and developmental, corrective and other supportive services required to help a handicapped child benefit from special education. It includes psychological services, recreation, early identification and assessment of disabilities in children, counseling services and medical services for diagnostic or evaluation purposes. The term also includes school health services, school social work services, parent counseling and training, providing parents with information about child development and helping parents understand the special needs of their child.

To realize the maximum potential of the trainable or severely retarded child, all available knowledge must be used to the fullest. The wide variety of skills and techniques for dealing with the diverse needs these children present continues to evolve. No single discipline can realistically embody them all. Educators, speech therapists, physicians, physical therapists, occupational therapists, psychologists, nurses and all other areas of expertise may be vital to the development of the child's abilities.

The traditional role of professionals in related services has been to remove the child from his or her class to receive direct therapy. While this may still be appropriate for certain children, the maximum effect of related services cannot be achieved unless the objectives and techniques of the professional can be carried over into daily use in the classroom.

Related services include the following.

Transportation — transportation for handicapped children shall be provided in accordance with established state policy. Vehicles which are to be used to transport exceptional children should be appropriately modified as dictated by the specific needs of the children. This may include such equipment as power lifts, wheelchair fasteners, special seat belts and harnesses. Provision shall be made for adequate supervision of all exceptional children while they are being transported. This may entail the use of a teacher aide if the physical or mental problems of the child indicate a need for more supervision than can be provided by the driver (Regulations and Procedures, page 22). Bus time should be considered instructional time. Bus aides should be responsible to the instructional staff. Bus drivers and aides should receive training in first aid, handling and behavior techniques. The amount of time spent in travel should be limited to no more than one and one-half hours each way.

Social Worker/Visiting Teacher — this professional serves as liaison between student, family, school and community agencies, contacts social and medical agencies regarding referrals from school, consults with family on problems resulting from their child's handicapping condition and coordinates social services for student and family.

School Nurse/Health Department — should facilitate referrals for medical and social services for the student; help staff on matters related to child development and help in vision and hearing screening.

School Psychologist/Psychometrist — this professional is responsible for observation, testing and diagnosis; should help in translating information into educationally relevant suggestions; should provide in-service on behavior management; should consult with teachers and parents to assist them to better understand the student's strengths and weaknesses, and should participate in IEP and placement meetings.

School Guidance Counselor — participates in screening, referral and placement processes; observes and participates in behavioral management strategies; provides guidance and support to students with special needs, and helps with parent education programs.

Vocational Rehabilitation Counselor — this professional will determine specific strengths, weaknesses, needs and interests of the individual as related to job placement and will follow-up with job related counseling.

Recreation Therapy — this should develop recreative experiences through purposeful intervention to modify the behavior of the handicapped child and coordinate community-based recreation opportunities to enable handicapped children to participate in leisure activities with nonhandicapped persons.

Music Therapist — this professional should try to instill appropriate behavior through the use of music, should provide consultative services to teachers and administrators and should participate in IEP and placement meetings.

Audiologist — this professional provides hearing conservation services, provides habilitative and rehabilitative services, provides consultative services to teachers and administrators, and participates in IEP and placement meetings.

Chapter VI
Program Evaluation

Program Evaluation

Program evaluation is useful for determining areas of program strength and weakness. A comprehensive program evaluation may provide helpful information for administrators, teachers, support personnel and parents.

Feedback from a variety of personnel, including administrators, teachers, therapists, parents and other staff members, should be an integral part of the evaluation process. The team approach should provide relevant information concerning the effectiveness of general goals, efficiency in providing comprehensive services and suggestions for improving the program.

The following program assessment checklist suggests areas that should be considered.

	Yes	No	Comments
A. ***Eligibility*** Children are of legal school age.			
Arbitrary restrictive criteria, including incontinence and immobility are not applied			
B. ***Due Process Procedures Followed*** Hearing/vision screening prior to evaluation.			
Parental consent prior to evaluation.			
Student subject of Special Education Placement Committee			
Placement committee meeting minutes			
Parents involved in placement decision and development of IEP			
Parental consent prior to placement			
IEP complete (only one IEP, reflecting all services, per student)			
Due process forms include all parental rights required by P.L. 94-142			
Annual review of IEP			
Confidentiality procedures adequate			

	Yes	No	Comments
C. ***Comprehensive Program & Related Services*** An appropriate program on instructional services is available at the elementary, middle and high school level.			
Special education ancillary services appropriate to individual are available			
Physical therapist			
Occupational therapist			
Speech therapist			
Adaptive physical education			
Related services appropriate to individual are available Transportation			
Social worker/visiting teacher			
School nurse/health department			
School psychologist/psychometrist			
School guidance counselor			
Music therapist			
Audiologist			
Vocational rehabilitation counselor			
Recreation therapist			
Other			
D. ***Facilities*** The program is housed in a regular public school building with children of comparable chronological age.			
Each classroom has space adequate for the storage and handling of the special materials and equipment needed in the instructional program.			
Where necessary, facilities are architecturally barrier-free and equipped with appropriate adaptive modifications.			

		Yes	No	Comments
E.	***Education Program***			
	All professional staff have been involved in the selection of the assessment instrument and curriculum guide.			
	An appropriate assessment instrument and curriculum guide has been adapted or adopted.			
	Instructional programming is provided in at least the following learning domains.			
	Daily living skills			
	Social skills			
	Cognitive skills			
	Communication skills			
	Motor skills			
	Prevocational/vocational skills			
	Adequate materials and equipment appropriate for the age and developmental ability of the student are available.			
	TMR/SMR students participate with nonhandicapped students in the following.			
	Lunch			
	Assembly			
	Library			
	Playground			
	Physical education			
	Music			
	Art			
	Vocational education			
	Field trips			
	Other			
F.	***Personnel***			
	One teacher and one paraprofessional for every 12 TMR students.			
	One teacher and one paraprofessional for every six SMR students.			

		Yes	No	Comments
	Professional staff are fully certified.			
	Paraprofessionals are appropriately licensed.			
	Staff are involved in ongoing staff development.			
	Volunteers are trained regularly.			
	Sufficient scheduling of direct services by ancillary personnel.			
G.	***Transportation***			
	Specially equipped buses are available for physically impaired students.			
	Bus routes provide service requiring less than one and one-half hours en route each way.			
	Aides are available on transportation unit for additional supervision.			
	Transportation unit available for field trips.			
H.	***Parent Involvement***			
	Parents are involved in the development of educational activities and training.			
	Home/school training program is in effect.			
	Parents are used as volunteers.			
I.	***Coordination with Community Agencies***			
	Vocational Rehabilitation			
	Mental Health			
	Health Department			
	Parks and Recreation			
	Department of Family and Children's Services			
	Department of Human Resources Training Centers			

Chapter VII
Additional Resources

Additional Resources

Professional Associations and Organizations

American Association on Mental Deficiency
5201 Connecticut Ave. NW
Washington, D.C. 20015

The American Speech and Hearing Association
9030 Old Georgetown Rd.
Bethesda, Md. 20014

The Association for Severely Handicapped
Box 15287
Seattle, Wash. 98119

Closer Look (Clearinghouse for information to parents)
Box 1492
Washington, D.C.

The Council for Exceptional Children
1920 Association Dr.
Reston, Va. 20091

or

Council for Exceptional Children
c/o Milton McDonald
157 Smith St.
Jonesboro, Ga. 30236

Epilepsy Foundation of America
1828 L St. NW
Suite 406
Washington, D.C. 20036

or

Georgia Center
1600 Tully Circle NE
Atlanta, Ga.

National Association for Retarded Citizens
2709 Avenue E East
Arlington, Texas 76011

or

Georgia Association for Retarded Citizens
1851 Ram Runway, Suite 104
College Park, Ga. 30337

The National Easter Seal Society for
Crippled Children and Adults
2023 West Odgen Ave.
Chicago, Ill. 60612

or

Georgia Easter Seal Society for
Crippled Children and Adults
1211 Spring St. NW
Atlanta, Ga. 30309

National Society for Autistic Children
621 Central Ave.
Albany, N. Y.

or

Georgia Society for Autistic Children
P. O. Box 54011
Civic Center Station
Atlanta, Ga. 30308

National Society for Prevention of Blindness
16 East 40 St.
New York, N. Y. 10016

United Cerebral Palsy Association
66 East 34th St.
New York, N. Y. 10016

or

United Cerebral Palsy Association
455 E. Paces Ferry Rd. NE
Atlanta, Ga.

Georgia Alliance of Physical and Occupational
Therapists in Public Schools
Dr. Ruth Kalish
Emory University School of Medicine
2040 Ridgewood Dr. NE
Atlanta, Ga. 30322

Down's Syndrome Association
2045 Drew Valley Rd. NE
Atlanta, Ga. 30316

Community Resources

Atlanta Easter Seal Rehabilitation Center
3254 Northside Parkway NW
Atlanta, Ga. 30327
266-1360

Atlanta Rehabilitation Center
1599 Memorial Dr. SE
Atlanta, Ga. 30317
378-7591

Cerebral Palsy Center of Atlanta
1815 Ponce de Leon Ave. NE
Atlanta, Ga. 30307
377-3836

Crippled Children's Unit
Georgia Department of Human Resources
618 Ponce de Leon Ave.
Atlanta, Ga. 30308
894-4081

Georgia Center for the Multihandicapped
1815 Ponce de Leon Ave. NE
Atlanta, Ga. 30307
378-5433

Georgia Rehabilitation Center
Warm Springs, Ga. 31830
655-3341

Goodwill Industries of Atlanta, Inc.
2201 Glenwood Ave. SE
Atlanta, Ga. 30316
377-0441

Library for the Blind and Physically Handicapped
Georgia Department of Education
1050 Murphy Ave. SW
Atlanta, Ga. 30310
656-2465
(Free loan materials and equipment)

In addition to the community resources listed, the teacher should investigate resources unique or specific to her or his community. These might include the following.

Family and children's service
Vocational rehabilitation
Mental health unit
County health department
Ministerial association
Civic organizations
Community action services
Local medical society
Local advocacy groups

Georgia Learning Resources System (GLRS)

GLRS has an instructional materials center for special educators to preview and borrow materials. The collection includes diagnostic materials, teacher training and professional materials and instructional materials. These are loaned on a short-term basis to prove educational intervention for particular children, to be used by teachers for trial or preview or to help selection and purchase decisions.

GLRS also provides in-service training through workshops and conferences on effective use of media and educational equipment, new teaching techniques and methods and innovative instructional materials. Every effort is made to provide workshops which directly relate to the identified needs or interests of each school system.

GLRS maintains a videotape collection of outstanding special education workshops which have been conducted throughout Georgia. In addition, exemplary special classrooms can be videotaped. These tapes may be borrowed for workshops, in-service meetings or individual previewing.

GLRS sponsors various special projects to introduce innovative ideas and materials being used successfully with exceptional children across the nation. The Select-Ed Prescriptive Materials Retrieval System, Computer-based Resource Units (CBRU), Educational Research Information Center (ERIC), Materials Analysis and Retrieval System (MARS) and the Master-Teacher Model are some of the educational innovations which GLRS has introduced to Georgia educators.

GLRS acts as an information interchange network. Inforamtion is disseminated to special educators about the various areas of exceptionality, about programs and services offered to exceptional children in Georgia and about meetings and conferences of interest to special educators.

GLRS provides information and referral for diagnostic services and educational planning for the severely handicapped child.

Centers for Severely Emotionally Disturbed
(Psychoeducational Center Network)

The SED centers are multidistrict programs designed to serve a low incidence population. The projected population for SED is one half of one percent (.005%) of the population, ages zero-16. There are currently 24 centers in Georgia, each with satellite services providing nonresidential, community-based services including diagnostic educational, psychological and psychiatric assessment; remedial services such as special education classes, individual and group therapy and parent services.

Each center is responsible for serving children, ages 0 through 16, who are severely emotionally disturbed or behaviorally disordered. The major admission requirement will be the presence of an emotional or behavioral disorder severe enough to require a special child treatment program or a special education program not available in the public school or community. Children who are mild to moderate behavior problem or discipline problems are not eligible. These children are characterized by

(1) severe emotional disturbance such as, but not limited to, childhood schizophrenia, autism, severe emotional deprivation and adjustment reactions,

(2) severe behavioral disorders such as, but not limited to, neurological impairment, cultural deprivation and developmental,

(3) severe school-related maladjustment such as, but not limited to, behavior, socialization communication and academic skills.

At all centers, referrals will be accepted from, but not limited to, early childhood programs, private day care programs, community service centers, well baby clinics, kindergartens, public shcools, parents and other child-serving agencies and physicians.

For additional information, contact the state coordinator, Centers for Severely Emotionally Disturbed, Georgia Department of Education, 307 Education Annex, Atlanta, Ga. 30334, or call (404) 656-2425.

Chapter VIII
Appendices

Appendix A

Georgia Learning Resources System Directory

SOUTHWEST GEORGIA CENTER, GLRS
P. O. Box 1470
Albany, Ga. 31702
(912) 432-9151

*Southwest Georgia GLRS Satellite
Early County Junior High School
Blakely, Ga. 31723
(912) 723-3749 (shcool phone)

WEST CENTRAL CENTER, GLRS
55 Savannah St.
Newnan, Ga. 30263
(404) 251-0888, (GIST) 232-1496

NORTH GEORGIA CENTER, GLRS
P. O. Box 546
Cleveland, Ga. 30528
(404) 865-2043

METRO EAST CENTER, GLRS
Robert Shaw Center
385 Glendale Rd.
Scottdale, Ga. 30079
(404) 292-7272

METRO WEST CENTER, GLRS
Metro CESA
2268 Adams Dr. NW
Atlanta, Ga. 30318
(404) 352-2697

NORTHEAST GEORGIA CENTER, GLRS
Northeast Georgia CESA
375 Winter Dr.
Winterville, Ga. 30683
(404) 742-8292, (GIST) 241-7675

MIDDLE GEORGIA CENTER, GLRS
3769 Ridge Ave.
Room 101 (Alexander IV School)
Macon, Ga. 31204
(912) 474-1513

EAST GEORGIA CENTER, GLRS
Joseph Lamar Elementary School
907 Baker Ave.
Augusta, Ga. 30904
(404) 736-0760

*Louisville Center, GLRS Satellite
Louisville Academy (Jefferson Co.)
Louisville, Ga. 30434
(912) 624-7794 (school phone)

NORTH CENTRAL CENTER, GLRS
North Georgia CESA
#5 West Side Square
Ellijay, Ga. 30540
(404) 635-5391

WEST GEORGIA CENTER, GLRS
1532 Fifth Ave.
Columbus, Ga. 31901
(404) 324-5661

*West Georgia GLRS Satellite
Sumter County Instructional Materials Center
Americus, Ga. 31709
(912) 924-4955

NORTHWEST GEORGIA CENTER, GLRS
115 W. Washington St.
Summerville, Ga. 30747
(404) 857-5421

*GLRS Satellite, NW Georgia CESA
Cedartown, Ga. 30125
(404) 684-5443, (GIST) 295-6190

METRO SOUTH CENTER, GLRS
Griffin CESA
P. O. Drawer H
Griffin, Ga. 30223
(404) 227-0632, (GIST) 253-7311

SOUTH CENTRAL CENTER, GLRS
Child Development Center
1492 Bailey St.
Waycross, Ga. 31501
(912) 285-6191 (GIST) 368-6191

*South Central Center, GLRS (West)
Coastal Plains CESA
1200 Williams St.
Valdosta, Ga. 31601
(912) 247-3482

COASTAL AREA CENTER, GLRS
Chatham County Board of Education
208 Bull St., Room 300
Savnanah, Ga. 31401
(912) 234-2541, ext. 301 or 302

*Coastal Area GLRS Satellite
2400 Reynolds St.
Brunswick, Ga. 31520
(912) 264-6222

EAST CENTRAL CENTER, GLRS
Wrightsville Primary School
P. O. Box 275
Wrightsville, Ga. 31096
(912) 864-3246

*GLRS Satellite, Heart of GA. CESA
312 South Main St.
Eastman, Ga. 31023
(912) 374-5244

SOUTHEAST GEORGIA CENTER, GLRS
J. R. Trippe School
400 W. Second St.
Vidalia, Ga. 30474
(912) 537-7797

*Satellite Center of the preceding GLRS Center

Appendix B

Approved Mental Retardation Programs Currently Offered By Georgia Colleges and Universities

ALBANY STATE COLLEGE
Department of Psychology
504 College Dr.
Albany, Ga. 31705
(912) 439-4072

Undergraduate Level
Mental Retardation (Educable)

ATLANTA UNIVERSITY
Special Education Department
223 Chestnut St.
Atlanta, Ga. 30314
(404) 525-8234

Graduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

Post Graduate Level
Mental Retardation (Educable)

AUGUSTA COLLEGE
Special Education Department
Augusta, Ga. 30904
(404) 828-3601

Undergraduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

Graduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

BRENAU COLLEGE
Division of Education and Graduate Study
Gainesville, Ga. 30501
(404) 532-4341, ext. 231

Undergraduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

COLUMBUS COLLEGE
Special Education Department
Columbus, Ga. 31907
(404) 568-2251

Undergraduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

Graduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

GEORGIA COLLEGE
School of Education
Milledgeville, Ga. 31061
(912) 453-4577

Undergraduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

Graduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

GEORGIA SOUTHERN COLLEGE
Special Education Department
Statesboro, Ga. 30459
(912) 681-5596

Undergraduate Level
Mental Retardation (Educable)

Graduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

GEORGIA STATE UNIVERSITY
Department of Special Education
University Plaza
Atlanta, Ga. 30303
(404) 658-2543

Graduate Level
Mildly Handicapped
Moderately/Severely Handicapped

Post Master Level (Ed.S.)
Mental Retardation

Doctoral Level
Mental Retardation

MERCER UNIVERSITY
Special Education Department
Macon, Ga. 31207
(912) 745-6811

Undergraduate Level
Mental Retardation

MORRIS BROWN COLLEGE
Department of Education and Psychology
Room 302
643 Martin Luther King Dr. SW
Atlanta, Ga. 30314
(404) 525-7831, ext. 38

Undergraduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

NORTH GEORGIA COLLEGE
Special Education Department
Dahlonega, Ga. 30533
(404) 864-3391, ext. 310

Undergraduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

UNIVERSITY OF GEORGIA
Division for Exceptional Children
570 Aderhold Hall
Athens, Ga. 30602
(404) 542-1685, ext. 31

Undergraduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

Graduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

Doctoral Level
Mental Retardation

VALDOSTA STATE COLLEGE
Special Education Department
Valdosta, Ga. 31601
(912) 247-3270

Undergraduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

Graduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

WEST GEORGIA COLLEGE
Department of Special Education
Carrollton, Ga. 30117
(404) 834-1332

Undergraduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

Graduate Level
Mental Retardation (Educable)
Mental Retardation (Trainable)

Federal law prohibits discrimination on the basis of race, color or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972); or handicap (Section 504 of the Rehabilitation Act of 1973), in educational programs or activities receiving federal financial assistance.

Employees, students and the general public are hereby notified that the Georgia Department of Education does not discriminate in any educational programs or activities or in employment policies.

The following individuals have been designated as the employees responsible for coordinating the department's effort to implement this nondiscriminatory policy.

Title VI — Peyton Williams Jr., Associate Superintendent of State Schools and Special Services
Title IX — Evelyn Rowe, Coordinator
Section 504 — Jane Lee, Coordinator of Special Education
Vocational Equity — Loydia Webber, Coordinator

Inquiries concerning the application of Title VI, Title IX or Section 504 to the policies and practices of the department may be addressed to the persons listed above at the Georgia Department of Education, 231 State Office Building, Atlanta 30334; to the Regional Office for Civil Rights, Atlanta 30323 or to the Director, Office for Civil Rights, Department of Health, Education and Welfare, Washington, DC 20201.